

**Ithaca Housing Authority
Section 8 Department
798-800 South Plain Street
Ithaca, New York 14850
Phone 607-273-1244 Fax 607-273-5738**

Entity ID

Preliminary Application for Housing Subsidy

For office use only:

Date Received: _____ Employee Initials: _____
 Bedroom Size: _____ Race: _____
 Preference: _____ Ethnicity: _____
 Income Level: _____

PERSONAL DECLARATION TO BE FILLED OUT BY APPLICANT:

PRESENT HOUSING:

Name of Head of Household: _____ /SSN _____
Last First MI

Please provide current address: _____ /
Street Apt

City State Zip County

Please provide current mailing address if different: _____ /
Street Apt

City State Zip County

Telephone number where you can be reached: _____
day's evening

Marital Status: Married Single Divorced Separated Widow(er)

Is anyone in the household claiming the disability preference? Yes No
 If so, please indicate name of household member(s): _____

Amount you now pay for rent monthly \$ _____

Amount you now pay for utilities monthly \$ _____

Number of bedrooms in unit that you currently live in: _____

Do you want to stay in this unit? (Please circle) YES or NO, IF NO PLEASE EXPLAIN:

Check below any additional utility cost listed below that you pay for that is not included in your rent amount

Type of Heat I pay for	Type of Hot Water I pay for	Type of Cooking fuel that I pay for
Natural gas	Natural gas	Natural gas
Electric	Electric	Electric
Bottle Gas	Bottle Gas	Bottle Gas

Circle (I do) or (I do not) pay for the following utilities:

Electricity for lights	<u>I DO PAY</u>	<u>I DO NOT PAY</u>
Water	<u>I DO PAY</u>	<u>I DO NOT PAY</u>
Sewer	<u>I DO PAY</u>	<u>I DO NOT PAY</u>

HOUSEHOLD COMPOSITION: LIST THE INFORMATION BELOW FOR ALL PERSONS WHO ARE OR WILL BE LIVING IN YOUR HOME STARTING WITH THE HEAD OF HOUSEHOLD.

ADULTS Legal Name as it appears on Social Security card First, Middle, Last	Sex M/F	Date of Birth	Age	City and State of Birth	Relationship to Head of Household	Social Security Number	Occupation	Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander	Ethnicity Hispanic or Latino Y/N
					Head				

CHILDREN'S Legal Name as it appears on Social Security card First, Middle, Last (please list current pregnancies with expected due date)	Sex M/F	Date of Birth	Age	City And State of Birth	Relationship to Head of Household	Social Security Number	School Name Grade Attended	Race: Choose from above	Ethnicity Hispanic or Latino Y/N	Do you have Custody or Visitation? C / V

List below name(s) and addresses of missing parent(s) of children listed or ex-spouse(s):

Name

Name

Street address

Street address

City / State / Zip

City / State / Zip

Name

Name

Street address

Street address

City / State / Zip

City / State / Zip

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, family or outside contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, AFDC, Veteran benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

LIST ALL INCOME AMOUNTS RECEIVED FOR ANY FAMILY MEMBERS BELOW

Household Member e.g.: 1; 2; 3 etc.	Employer(s) Name and Address	Total Weekly Wages (Gross)	Public Assistance Monthly	Court ordered Child Support Monthly	Social Security Benefits SSI / SSD Monthly	Unemployment Benefits Workers Compensation Disability Monthly	All Other Income

Assets: If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? _____ Have you sold any real estate in the last two years? _____ Do you own any stocks or bonds? _____ Do you have a bank account (checking or savings Certificate of deposit, IRA)? if yes give bank account numbers and amounts below. Do you own a car? _____ Model / Year / Tag No. _____ Do you own a 2nd car? _____ Model / Year / Tag No. _____

Name and Address of Bank	Account Number	Account Type Checking, savings, CD, IRA	Joint/Individual	Account Balance
				\$
				\$
				\$

1. Does anyone outside of your household pay for any of your bills or give you money or make any payments for you? Yes/No _____ If yes, explain below.
2. Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes//No _____ If yes, explain below.
3. Have you or any member of your household lived in any assisted housing including Section 8 or Public Housing? Yes/No _____ If yes, list where and when below.
Where? _____ When? _____
4. Ithaca Housing Authority has a policy of doing criminal background inquiries with law enforcement agencies. Have you or anyone in your household ever been arrested for a violent criminal or drug related activity? Yes/No _____ If yes, explain below.
5. Have you ever committed any fraud in any Federally assisted housing or other Federally funded program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes/No _____ If yes, explain below.
6. Have you, or other members of your household been forced to move because of a natural disaster or government action. Yes/No _____ If yes explain below.

WARNING: TITLE 18, section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any Department or Agency of the United States and to any matters within this jurisdiction.

I/We do hereby swear and attest by My/Our signature(s) below that all of the information I/We have given on this application is true and correct. I/We also understand that I/We must report all changes in income for any household member as well as any changes of family members in My/Our household. To keep this application current and on file any changes must be reported in writing to the Ithaca Housing Authority within 10 days of any change. All household member, 18 years of age or older must sign below.

HEAD OF HOUSEHOLD SIGNATURE

DATE

OTHER ADULT HOUSEHOLD MEMBER SIGNATURE

DATE

OTHER ADULT HOUSEHOLD MEMBER SIGNATURE

DATE

OTHER ADULT HOUSEHOLD MEMBER SIGNATURE

DATE

Applicant: If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at 1-800-424-8590

U.S. Department of Housing and Urban Development
Office of Inspector General

May 1988

P-88-2

Things You Should Know

Don't risk your chances for Federally-assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">• Evicted from your apartment or house;• Required to repay all overpaid rental assistance you received;• Fined up to \$10,000;• Imprisoned for up to 5 years; and/or• Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.
Completing the Application	When you give your answers to application questions, you must include the following information:
Income	<ul style="list-style-type: none">• All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);• Any money you receive on behalf of your children (child support; social security for children, etc.);• Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc.);• Earnings from second job or part-time job;• Any anticipated income (such as a bonus or pay raise you expect to receive).

